

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER REPUBLIC SERVICES INC. (FKA ALLIED WASTE NA) AND AFFILIATED ENTITIES			Date of This Filing <u>09/07/2018</u>	Date Stamp Page 2 of 2	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 482190		Report No. <u>2018 - 10</u>		
STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY PHOENIX	STATE AZ	ZIP CODE 85054	No. of Pages <u>2</u>		

Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
09/06/2018	Bill Wells Campaign El Cajon, CA 92020 ID# 1631355 Memo Reference: 1	Bill Wells Mayor Jurisdiction: City At Large	\$2,500.00	11/06/2018

Reason for Amendment: